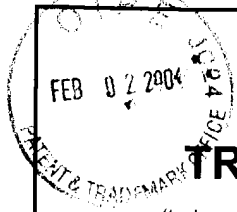


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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	09/652,284
Filing Date	31 August 2000
First Named Inventor	Choong
Examiner Name	M. Tran
Group Art Unit	1639
Attorney Docket No.	A-70203

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge fees to Deposit Account No. 502319 (Order No. 469008-137 (A-70203)/RMS/JML. <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Supplemental Information Disclosure Statement; PTO 1449 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, No. of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): ■ RETURN POST CARD
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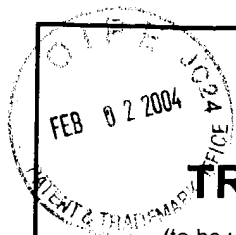
Calculation of Fees	
Extension of Time (3 months)	\$950
Total	\$950

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jennifer M. Lane, Patent Agent,, Reg. No. 51,916, for Robin M. Silva, Reg. No. 38,304 DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco, CA 94111	Telephone: 415 781 1989 Fax: 415 398 3249
	Signature: Date: JANUARY 29, 2004	

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JANUARY 29, 2004		
Typed or printed name	MARIA CIGANOVICH	Signature:



TRANSMITTAL FORM

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Application No.	09/652,284
Filing Date	31 August 2000
First Named Inventor	Choong
Examiner Name	M. Tran
Group Art Unit	1639
Attorney Docket No.	A-70203

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge fees to Deposit Account No. 502319 (Order No. 469008-137 (A-70203)/RMS/JML.	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	■ RETURN POSTCARD
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, No. of CD(s) _____	
<input type="checkbox"/> Supplemental Information Disclosure Statement; PTO 1449		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Express Abandonment Request		

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Calculation of Fees

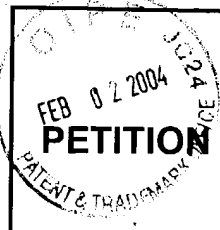
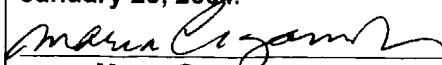
Extension of Time (3 months)	\$950
Total	\$950

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jennifer M. Lane, Patent Agent,, Reg. No. 51,916, for Robin M. Silva, Reg. No. 38,304 DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco, CA 94111	Telephone: 415 781 1989 Fax: 415 398 3249
Signature		
Date	JANUARY 29, 2004	

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Typed or printed name	MARIA CIGANOVICH	Signature
		JANUARY 29, 2004

 PETITION FOR EXTENSION OF TIME	Application No.	09/652,284
	Filing Date	31 August 2000
	First Named Inventor	Choong
	Examiner Name	M. Tran
	Group Art Unit	1639
	Attorney Docket No.	A-70203
I hereby certify that this document is being deposited with the U.S. Postal Service with sufficient postage as first class main addressed to Commissioner for Patents, Mail Stop RCE, P.O. Box 1450, Alexandria, VA, 22313-1450 on January 29, 2004.  Name: MARIA CIGANOVICH		

Mail Stop FEE AMENDMENT
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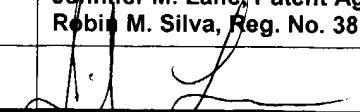
Sir:

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.

The requested extension and appropriate non-small entity fee are as follows:

- | | | |
|--|----|-----|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | 950 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ | |
| <input type="checkbox"/> Applicant is a small entity under 37 CFR 1.9 and 1.27; therefore the fee amount shown above is reduced by one-half, and the resulting fee is: | \$ | |
| <input checked="" type="checkbox"/> A check for the fee is enclosed | | |

The Commissioner is hereby authorized to charge any fees or credit any overpayment to Deposit Account No. 502319 (Order No 469008-137 (A-70203)/RMS/JML.

RESPECTFULLY SUBMITTED,		
Typed or Printed Name	Jennifer M. Lane, Patent Agent, Reg. No. 51,916 for Robin M. Silva, Reg. No. 38,304	
Signature		Date JANUARY 29, 2004